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AUTHOR Lourenco, Susan V.
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ABSTRACT

Despite intensified recruiting efforts, the underrepresentation of minority group members in the health professions continues, with factors and forces outside of the immediate control of health professional schools being largely responsible. In order to correct this problem, educators must develop early outreach programs to prepare, motivate, and educate talented, economically disadvantaged junior high or secondary school students to gain the academic qualifications necessary to pursue careers in the various health fields as well as to socialize such students to commit themselves to realistic college preparatory programs and to the long-term rigorous programs demanded by health professions. The University of Illinois at Chicago emphasizes precisely such early outreach programs. Designed to create and implement a longitudinal cooperative effort extending across school and college years, to identify and motivate, and to tutor and counsel potentially able students, the University of Illinois early outreach program consists of the following four components: (1) student outreach for identification and socialization, (2) academic and support services, (3) parent outreach, and (4) school and community outreach. Other aspects of the program include linkages that have been developed with other educational, parent, and community organizations and programs providing worksite and academic enrichment experiences. (MN)

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CAREER AWARENESS FOR HEALTH PROFESSIONS: DESIGN OF EARLY OUTREACH PROGRAMS.

Susan V. Lourenço

University of Illinois at Chicago

U.S. DEPARTMENT OF EDUCATION
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Introduction

Early Outreach is defined as a long-term talent development strategy to prepare a well qualified pool of disadvantaged and underrepresented minority applicants for entry into health professions schools, particularly medicine. This paper defines the problem to which early outreach is addressed and places it within both a contextual and historical background. Programs at the University of Illinois at Chicago have been designed and implemented to construct a model of the concept of early outreach.

Background

Before 1968, the nation's medical schools showed little commitment to the medical education of students from minority groups. In 1970 black physicians comprised 2.1 percent of all practicing physicians while black Americans constituted 11.1 percent of the U.S. population. Hispanic Americans comprised 3.7 percent of practicing physicians while Hispanic Americans constituted 4.5 percent of the U.S. population. As for Native Americans, who constituted 0.4 percent of the population, the number of practicing physicians was 0.1 percent. Both the AAMC, Association for American Colleges, and the minority groups pointed to this significant imbalance in minority physicians and the disparity in the availability of medical care to residents of inner cities and low income areas.

During the 1970's, a number of the nation's professional schools initiated programs aimed at bringing blacks and other previously excluded groups into the mainstream of graduate and professional education, and thus eventually into the health professions, particularly medicine. The issue of underrepresentation of the disadvantaged in science and technology fields has thus been addressed for a number of years.

Since medicine has long been considered the prototype of professions, examples cited will be drawn from this profession. However, it can be assumed that other health professions, i.e., dentistry, nursing, pharmacy, and the allied health professions manifest similar characteristics. In December, 1978, the Association of American Medical Colleges announced that enrollment in the nation's 124 medical schools was at an all-time high of 62,242, up 4 percent over the previous year. Moreover, a total of 16,530 first year students was admitted in the fall of 1978, a 2 percent jump over 1977. But the proportion of underrepresented minority students (blacks, Native Americans, Mexican American and Puerto Ricans residing on the U.S. mainland) dropped in both the total student body--from 8.1 percent to 7.9 percent--and in the first year class--from 9 percent to 8.7 percent. More specifically, the total number of blacks in U.S. medical schools declined from 3,587 in 1977-78 to 3,540 for the 1978-79 academic year; the number of blacks in the first-year class dropped from 1,085 to 1,064, the lowest proportion of blacks since 1970.

There are a number of alternative explanations for this phenomenon, all of which bear the ring of plausibility: the costs of medical education have increased with a concomitant decrease in federal assistance for health career opportunities for the disadvantaged; there are expanded opportunities for minorities in fields other than medicine, training which takes less time and is less expensive. Lastly, the pool of qualified minority applicants to medical schools has not grown as rapidly as had been expected or desired. This pool has, in fact, shrunk: 2,487 black applicants in 1978, from 2,523 in 1977.

In brief, it appears that, in spite of intensified recruiting efforts, the underrepresentation of minority group members in the health professions continues, with factors and forces outside of the immediate control of health professional schools being largely responsible. As educators we have, then, to face the fact that efforts to extend educational opportunities through intensified recruitment efforts, compensatory education and affirmative compensatory action programs have not always led to sound, long-term planning or to success.

Clearly, any long-range solution to providing a sufficiently broad pool of qualified minority group applicants to health professions education curricula will depend heavily upon improved education, not only below the professional level, but also below the undergraduate level. Whereas health professional schools have, for some years, attempted to provide academic assistance to their students, their involvement in pre-matriculation programs has been minimal, and their interest and involvement in pre-college programs for wider minority participation and representation has been low. Clearly, such an undertaking is a major shift in emphasis on the part of professional health schools. Instead of modifying admission and degree requirements, recruitment and preparation of talent needs to begin much earlier in the educational process.

Early Outreach

The concept of early outreach is to prepare, motivate and educate talented, economically disadvantaged junior high or secondary school students to gain the academic qualifications necessary to pursue careers in the various health fields, and, secondly to socialize the students to commit themselves

to realistic college preparatory programs and to the long-term vigorous programs demanded by the health professions. The goal of early outreach programs is to introduce students, at an early age, to the opportunities for and the needs of serving in a health profession on the one hand and in their own communities on the other; and to instill in them also, an awareness of and a concern for their own health, the health of their families and so of their communities.

A longitudinal and coordinated approach, particularly with regard to college education and career mobility, will help to improve the overall education of disadvantaged groups, ultimately reducing social inequities. The concept of early outreach is built on the assumption that a clearly correlated approach to improving school performance at different stages of the life cycle; tightly organized programs with achievable operational goals; a career awareness program to awaken the possibility of a realistic career choice in the health field; and a partnership between parents and programs will more likely lead to career and social mobility for presently disadvantaged students.

In brief, the emphasis at the University of Illinois at Chicago is on early outreach: identifying, preparing and encouraging underrepresented minority students (and their parents) to aspire to professional careers and to meet rigorous academic standards. The careful educational monitoring of the gifted, disadvantaged child will allow for both equality and merit. If we start with elementary school children (and their parents), there can well be a pipeline of minority professionals graduating from professional schools, although the early development of talent, interest and aptitude will take several years to bear fruit. Moreover, in any such program, the close

coordination of efforts by undergraduate and community colleges, secondary and elementary schools must be assured.

Presently then, there are barriers both to access to health professions curricula and to success in graduating from such programs. On the one hand, health professionals' experience and knowledge of secondary schools is limited. On the other, minority students are often poorly prepared for rigorous scientific work and lack the advantage of sophisticated high school and college science and mathematics courses. Compared to white students, minority students are less likely to be promoted with their class and more likely to drop out or be dismissed. Those who do go to college, are less likely to take courses in traditionally pre-health and/or pre-medical fields. There is some evidence too (New England Journal of Medicine, Nov. 24, 1977, p. 1147) that minority students are less confident and less prepared in mathematics than non-minority students. Lastly, economic hardship and family expectations and attitudes act as deterrents to moving into and through longer professional educational preparatory programs in the health fields.

Goals of Early Outreach

The goals of the University of Illinois early outreach program are to create and implement a longitudinal cooperative effort, extending across school and college years, to identify and motivate, tutor and counsel potentially able students; and to increase awareness of career opportunities for future health professionals and their parents. The means by which these objectives are reached consist of four components:

1) student outreach for identification and socialization into the idea of pursuing a profession in the health field;
2) academic and support services in the form of tutoring and counseling;
3) parent outreach to develop parental support networks to whom information is given in order to change and develop attitudes;
4) school and community outreach to promote the idea that there is a variety of health sciences' expertise and concern outside the University, as well as a variety of health services delivery programs.

Early Outreach Programs

In order to implement the concept of early outreach, linkages have been forged between the health professional schools at the Medical Center campus, the undergraduate colleges at the Circle campus of the University of Illinois at Chicago; public and parochial elementary and secondary schools, and parents and community organizations that share an interest in and concern for the underrepresentation of the disadvantaged in the health professions from Chicago's health manpower shortage areas.

Presently, the University of Illinois at Chicago has three early outreach programs involving the Medical Center, the Chicago Circle campus, parents, teachers, counselors, students, community groups, university faculty and health professionals. All these programs are long term in nature and share the concept of early outreach described earlier in this paper. All programs are similar insofar as their educational and philosophical outlook is concerned, and all have implemented an evaluation research design to guide the projects as they advance their goals, as well as to measure the programs' impact on students. Where the programs differ is their funding base, and funding does, of course, impact on programs.

In the ideal situation, for a sufficient talent pool of disadvantaged youths to exist for graduate education to draw upon in the future, the major intervention activity needs to take place in the elementary school. Thus far, however, it has been impossible to begin with the identification of, say, fifth graders. No college or university, and no funding agency is willing to think of a longitudinal talent development effort over a twelve year period. However, we have been able to develop one strategy with seventh and eighth graders, and the University's Saturday College is now in its third year of operation. Funds, issued under the Comprehensive Employment and Training Act (CETA) have enabled us to institute a second program, beginning with highly economically disadvantaged students in the tenth grade. Our Career Awareness in Health Professions Program is also in its third year, and its students are presently in their senior year of high school. The third program, Biomedical Sciences Program began in 1980 on funds received from the U.S. Department of Education, with talented, disadvantaged ninth graders, and is designed as a five year program. The two latter programs allow for stipends to be given to the students and for summer as well as year round programming; for preceptorship and work site experiences at the Medical Center and/or in community agencies. All three programs provide academic enrichment experiences and reinforcement in mathematics, science and English. All three programs provide academic career counseling, role models, exposure to health professionals through forums or guest speakers, and exposure to a university and a health sciences center environment. The papers that follow describe more specifically some of the components of early outreach programs designed to create, for disadvantaged, inner city students, career awareness in health professions.